N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD FOR BINDING MARGIN RESERVED

PLACE OF DEATH	STATE OF MARYLAND
County Varret, 19151	CERTIFICATE OF DEATH
Village or City Mr. Lake Pack (No.	Registered No. /66 St; Ward) [It death occurred I a hospital or Institution
*FULL NAME Mrs, Ella	White asheraft give its NAME instead of atreet and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female 4 COLOR OR RACE 5 SINGLE, MARRIED, MUDDWED, WIDDWED, WIDDWED, (Write the word)	(Month) (Day) (Year) 1 HEREBY CERTIFY, That I sttended deceased from
B DATE OF BIRTH Aug 22, 1891 (Month) (Day) (Year)	[] c] 1914, to c] 1914
7 AGE (MORITI) (Day) (Tear) 1 day,hrs. 2 3 yrs. / mos. // ds. ORmin.?	and that death occurred on the date stated above, at 720 mm. The CAUSE OF DEATH was as follows:
© OCCUPATION (a) Trade, profession, or particular kind of work Touse Steeping	Padacon formate
(b) General nature of industry, business, or establishment in which employed (or employer)	Contributory (Deration) yrs mos ds
(State or country) Wretgel les H. va.	(Secondary) (Signed) (Signed)
11 BIRTHPLACE OF FATHER (State or country) Green les Pa 12 MAIDEN NAME OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENT
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HORPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE: (Informant) Sheraft	of death
(Address) Dinton War Filed Octory 1814 Ovacand & Dry	19 PACE OF BURIAL OR REMOVAL LICENSTANDA DATE OF BURIAL Non settle, 191 20 UNDERTAKER Q ADDRESS
If mere blanks are needed, address State Registrar	, 6 B. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Scrvant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salcsman, (b) As examples:

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cere-brospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid denumonia"); Lobar pneumonia; Bronchopneumonia ("Tneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

oma. Sarcoma. etc., of _______ (name origin; "Cancer" to less definite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Tuerperal peritonitis," etc. State cause for childbirth or miscarriage, as "Purperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness, "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion, "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy, mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) Examples:



V. S. No. 1.

of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate. RECORD PERMANENT 4 WRITE PLAINLY, WITH UNFADING INK-THIS IS N. B.—Every Item of CAUSE OF I 10059 CTATE OF MADVI AND

PLACE OF DEATH	STATE OF WARTLAND
count turell	CERTIFICATE OF DEATH
	Registration Dist, No 62
Village or City Santsvolk (No,	St.; Ward) [It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Color or RACE Single, MARRIED, WIDOWED, ORDIVERCED (Write the word)	16 DATE OF DEATH OCH 23, 1914 (Year)
DEY 12, 1914	17 I HEREBY CERTIFY, That I attended deceased from, 191, to, 191, that I last saw h alive on
TAGE (Month) (Day (Year) If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country)	To did not see same only Of time of times Contributory (Buration) On time of times Contributory
10 NAME OF FATHER ASA DELLA	Secondary (Buration) yrs mos ds. (Signed) Yeury N. Orka Registration of the control of the con
OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS) At place in the of deathyrsmosds
(Interment)	Where was disease contracted, It not at place of death?————————————————————————————————————
(Address) (Address)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Oct. 23, 1914
Filed191	20 UNDERTAKER - ADDRESS Sautoville M.

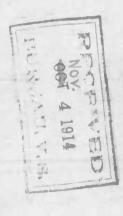
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cases, especially in industrial employments, it is necgainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not statement. it should be used only when needed. essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. who have no occupation whatever, write Nonc. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the Insease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

thenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cansuch, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaccause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds; affection need not be stated unless important. sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Marascause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably ture of the American Medical Association.) "Contributory." The contributory (Recommendations on statement of (secondary or intercurrent)



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it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an first line will be sufficient, e. g., Farmer or Planter, cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—In any affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cere-trospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid neumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

"Collapse." "Coma," "Convulsions," "Dehility" ("Conture of the American Medical Association.) "Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull. and consequences (e. g., dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childlifth or miscarriage, as "Purpresal scptichae etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras. genital," "Senlie," etc.), "Dropsy," "Exhaustion, thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 de.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms) : Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mails. cause of death approved by Committee on Nomenciaby carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably Bronchopncumonia (secondary), 10 ds. Never report oma. Sarcoma. etc., of ... The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can-State cause for Examples:



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PLACEOF County. (No. Village or City PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE, 3 SEX 4 COLOR OR RACE MARRIED, WIDOWED. ORDIVORCED (Write the word) 8 DATE OF BIRTH (Year) (Month) (Day) If LESS than TAGE 1 day,hrs. mos. BOCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER PARENTS 11 BIRTHPLACE OF FATHER (State or country 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country (Informant) (Address).

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

St:.....Ward)

[If death occurred in a hospital or Institution, give its NAME Instead ot street and number.]

MEDIC	CAL CERTIFICATE OF DEATH
16 DATE OF DEATH	Jenny Oct 3, 191 9 (Month) (Day) (Year)
17 I HER	EBY CERTIFY That I attended deceased from
***************************************	, 191, to
hat I last saw h	alive on, 191
and that death occurr	red on the date stated above, at m
The CAUSE OF DEAT	TH* was as follows:
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Juc	
(Secondary)	***************************************
(Secondary)	
	(Dunation)
	(Duration)yrsmosd
(Signed)	(Duration) yrs mos d
	liflearney
(191	(Address) Possbuille
*State the DISEAS	liflearney
*State the DISEAS CAUSES, state (1) TAL, SUICIDAL, OF I	(Address) , M. I. (Address) , M. I. (BE CAUSINO DEATH, OF, In deaths from VIOLENT MEANS OF INJURY; and (2) whether ACCIDENTHOMICIDAL. DENCE (FOR HOSPITALS, INSTITUTIONS, TRANSFERTY
*State the DISEAS CAUSES, state (1) TAL, SUICIDAL, OF TAL, SUICIDAL, OF RESION RECENT RESIDEN	(Address) , M. I. SE CAUSINO DEATH, or, in deaths from Violent MEANS OF INJURY; and (2) whether ACCIDENTOMICIDAL. DENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS)
*State the DISEAS CAUSES, state (1) TAL, SUICIDAL, OF I	(Address) , M. I. SE CAUSINO DEATH, or, In deaths from VIOLENT MEANS OF INJURY; and (2) whether ACCIDEN- HOMICIDAL. DENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS) In the
*State the DISEAS CAUSES, state (1) TAL, SUICIDAL, OF F 18 LENGTH OF RESION RECENT RESIDENT At place of death	(Address) , M. I. SE CAUSINO DEATH, or, in deaths from Violent Means of Injury; and (2) whether Accident-Homicidal. DENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS) In the . mos
*State the DISEAS CAUSES, state (1) I TAL, SUICIDAL, OF F 18 LENGTH OF RESION RECENT RESIDEN At place of death	(Address) , M. I. SE CAUSINO DEATH, or, in deaths from Violent Means of Injury; and (2) whether Accident-Homicidal. DENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS) In the . mos
*State the DISEAS CAUSES, state (1) ITAL, SUICIDAL, OF F 18 LENGTH OF RESION At place of death	(Address) , M. I. SE CAUSINO DEATH, or, in deaths from Violent Means of Injury; and (2) whether Accident-Homicidal. DENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS) In the . mos
*State the DISEAS CAUSES, state (1) I TAL, SUICIDAL, OF F 18 LENGTH OF RESION RECENT RESIDEN At place of death	(Address)
*State the DISEAS CAUSES, state (1) ITAL, SUICIDAL, OF F 18 LENGTH OF RESION At place of death	(Address) , M. I. SE CAUSINO DEATH, or, in deaths from Violent Means of Injury; and (2) whether Accident-Homicidal. DENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS) In the . mos
*State the DISEAS CAUSES, state (1) I TAL, SUICIDAL, OF F 18 LENGTH OF RESION RECENT RESIDEN At place of death	(Address)
*State the DISEAS CAUSES, state (1) I TAL, SUICIDAL, OF F 18 LENGTH OF RESION RECENT RESIDEN At place of death	(Address)

If more blanks are needed, address State Regis trar, 6

REGISTRAR



[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. Care (a) Spinner, (b) Cotton mill; (a) Salcsman, it should be used only when needed. As examples: who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at heginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the husiness or industy; and therefore an Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication, as Day laborer, Farm laborer, Laborer-('oal statement. essary to know cases, especially in industrial employments, it is necfirst line will he sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can he known. The question tion is very important, so that the relative mealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (a) the kind of work and also (b) If the occupation has Farmer or Planter, For persons

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

sepsis, tetanus) may he stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage. as "Puerperal scottchae cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the "Hart failure," "Haemorrhage," "Inanition," "Maras genital," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "A" ample: Measles (disease causing death), 29 ds.: affection need not he stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." dent; Revolver wound of head-homicide; Poisoned LENT DEATHS state MEANS OF INJURY and qualify as Bronchopncumonia (secondary), 10 ds. Never report ter" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of The contributory "Old Age," "Shock." "Senile." etc.), (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," 'Traemia," "Weakness," (name origin; "Can State cause for Examples:



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in pisin terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. A PERMANENT RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS

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Ounty Garrett 10464	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. / 6 6
Village or City Sines (No. Sarland Ed	St; Ward) St; Ward) a hospital or institution, give its KAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY GERTIFY. That I attended deceased from
6 DATE OF BIRTH Oct 12, 19/3 (Month) (Day) (Year)	that I last saw have allys on Oex (2, 1914)
7 AGE It LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date stated above, at
© OCCUPATION (a) Trade, pretession, or particular kind of work. (b) General nature of Industry, business, or establishment in which-amployed-(or employer)."	(Duration) yrs. mos. 18 ds.
9 BIRTHPLACE (State or country) Sines Md.	Gontributory (Secondary) (Doretico) yrs. mos. ds.
11 BIRTHPLACE OF FATHER 11 BIRTHPLACE (State or country) M 12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER	(Signed)
12 MAIDEN NAME OF MOTHER Darah Eoffedrick 13 BIRTHPLACE OF MOTHER (State or country) Randolh Co. Ok. 177.	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HORPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At piece 10 the 01 deeth
(Informant) James M. King	Where was disease contracted, It not at piece of deeth? Former or usoal residence.
(Address) Sizes Mills Filed Oct 15, 1914 Narland & Srus REDISTRAR	19 PLACE OF BURIAL OR REMOVAL A. Lines Grave Fund. 20 UNDERTAKER Sines F. Fries ADDRESS Lines Md.

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; ness of various pursuits can be known. The question Servant. Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care mine, etc. statement. majerial worked on may form part of the second the nature of the business or industry, and therefore an essary to know cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the disease Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as (a) Spinner, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing disease affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal tever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid dieumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinological discontinuous dieumonia die

such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and quality as mia," "PUERPEBAL peritonitis," etc. childbirth or miscarriage, as "PUERPERAL septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion, "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ... cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acct-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) The contributory (secondary or intercurrent) tetanus) may be stated under the head (Recommendations on statement of __ (name origin; "Can-State cause for Never report



County Sarrett 39	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No.
Village or City Cafeland (No	St; Ward) [It death occurred is a hospital or institution give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male While (Write the word)	16 DATE OF DEATH OF S 191 4 (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended deceased from 1914, to Oct 3, 1914, that I last saw here alive on Oct 3, 1914
7 AGE X yrs. mos. 8 ds. or. min.?	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) Particular kind of work. OY and OY and Particular kind of work. OY and OY and	(Doration) yrs. mes. cs. Contributory (Secondary)
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 12 MAIDEN NAME OF MOTHER 13 MAIDEN NAME OF MOTHER 14 MAIDEN NAME OF MOTHER 14 MAIDEN NAME OF MOTHER	(Signed) JIS MOS ds. (Signed) , M. 0. (Signed) , M. 0. State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidentations of Causes, state of the Causes of the Caus
13 BIRTHPLACE OF MOTHER (State or country) Nakusyon	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs, mos ds.
(Informant) (Address)	Where was disease contracted, If not at place of death? Former or Usual residence. 19 PLACE OF BURIAL OR REMOVAL ADDRESS ADDRESS ADDRESS ADDRESS
If more blanks are needed, address State Begis tran	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

Grocery; (a) Foreman, (b) Automobile factory. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salcsman, (b) it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the DISEASE Screant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative bealthfulwho have no occupation whatever, write None. minc, etc. For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—In already affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinlossis of lungs, meninges, peritonaeum, etc..

ample: Measles (disease causing death), 29 ds. scpsis, tetanus) may be stated under the head of affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis cer" is less definite; avoid use of "Tumor" for mally cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vicmia," "PUERPEBAL peritonitis," etc. childbirth or miscarriage. as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Oid Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras genitai," "Senlie," etc.), "Dropsy," "Exhaustion, "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. Never repor nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of __ ture of the American Medical Association.) The contributory Aiways qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can-State cause for Examples: EX



S. No. 1.

	state	Co	PLACE OF DEA	
	NS should		illage or City Man.	
RECORD	PHYSICIANS should state of OCCUPATION 16 ver		²FULL NAME	
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HIS	shot y cli		8 5 yrs.	
IK-T	AGE should be stated EXACT properly classified. Exact states	(a)	OCCUPATION) Trade, profession, or Retained in the standard of work.	
NG IN	supplied. may be te.	(b) General nature of industry, business, or establishment in which employed (or employer)		
UNFADING INK-THIS	that it mi certificate.	9 BI	IRTHPLACE tate or country) Saki	
	so that		10 NAME OF FATHER Cohre	
, WITH	uld brums,	PARENTS	11 BIRTHPLACE OF FATHER (State or country)	
NLY	tion should pialn terms,	PAR	12 MAIDEN NAME OF MOTHER	
PLA	of information sho DEATH in pialn te See instructions on		13 BIRTHPLACE OF MOTHER (State or country)	
WRITE PLAINLY,	E F	147	(Informant)	
	11 H		(Address) Mor	
	B.—Every CAUS impor	15 Fi	led oct 12 th, 1914	

1 PLACE OF DEATH

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STATE OF MARYLAND CERTIFICATE OF DEATH

sounty	Registration Dist. No. / 6/
Village or City Mean Markeleys & Hog.,	St.; Ward) Markley [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White (Write the word) Willow	16 DATE OF DEATH October 111, 1914 (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
DATE OF BIRTH (Month) (Day) (Year)	frue 20, 191 4 to Och 11 75, 191 45 that I last saw h in allve on Och 13, 191 64
age 85 yrs. 9 mos. 25 ds. or min.?	and that death occurred on the date stated above, at S, P, m, The CAUSE OF DEATH* was as follows:
b) General nature of industry, usiness, or establishment in which employed (or employer) BIRTHPLACE State or country) Anh. et C.	(Secondary) (Ouration) yrs. mos ds. Contributory (Secondary)
11 BIRTHPLACE OF FATHER (State or country) MAT / Gravon 12 MAIDEN NAME 12 MAIDEN NAME 13 MAIDEN NAME 14 MAIDEN NAME 16 MAIDEN NAME 17 MAIDEN NAME 18 MAIDEN NAME 18 MAIDEN NAME 18 MAIDEN NAME 19 MAIDEN NAME 10 MAIDEN NAME 10 MAIDEN NAME 10 MAIDEN NAME 11 MAIDEN NAME 12 MAIDEN NAME 12 MAIDEN NAME 13 MAIDEN NAME 14 MAIDEN NAME 15 MAIDEN NAME 16 MAIDEN NAME 17 MAIDEN NAME 18 MAIDEN NAME 18 MAIDEN NAME 19 MAIDEN NAME 19 MAIDEN NAME 10 MAIDEN NAME 10 MAIDEN NAME 11 MAIDEN NAME 11 MAIDEN NAME 12 MAIDEN NAME 13 MAIDEN NAME 14 MAIDEN NAME 15 MAIDEN NAME 16 MAIDEN NAME 17 MAIDEN NAME 18 MA	(Signed)
of Mother Leggle Shockey 13 BIRTHPLACE OF MOTHER (State or country) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (informant) (informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs. mos. ds. State yrs, mos. ds. Where was disease contracted, if not at place of death? Former or usual residence.
Filed Oct 12 to 1914 Month Hours	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Morphysia Oct 13, 1914 20 UNDERTAKER ADDRESS

If mere bignks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, should be taken to report specifically the occupations duties of the household only (not paid Housekeepers the nature of the business or industry; and therefore an who have no occupation whatever, write None been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative Realthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples For persons

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acctsuch, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage. as "Tuerperal scottchaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Traemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras thenia," "Anaemia" (mcrely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis oma. Sarcoma. etc., of _______ (name origin; "Can-er" is less definite; avoid use of "Tumor" for malig-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds. affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chroniu The contributory (secondary or intercurrent; Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," Examples:



Should IS OCCUPATION Registration Dist. No PHYSICIANS Ilf death occurred inWard) RECORD a hospital or institution. give its NAME Instead of street and number.] 10 statement PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH PERMANENT 3 SEX 4 COLOR OR RACE 5 SINGLE. DATE OF DEATH MARRIED, WIDOWED. BINDING (Month) (Day (Year) Write the word) I HEREBY CERTIFY. That I attended stated 6 DATE OF BIRTH classified. Month! (Day (Year) 7 AGE If LESS than 7 and that death occurred on the date stated above, 1 day,....hrs. THIS The CAUSE OF DEATH* was as follows: OR min. ? property BOCCUPATION (a) Trade, protession, or 田口 INK particular kind of work. supplied. pe (b) General nature of Industry, UNFADING business, or establishment in may (Duration) which employed (or employer) certificate. 9 BIRTHPLACE (State or country) Contributory Man 44 Secondary that 10 NAME OF FATHER (Signed) 000 ARGIN WITH terms. PARENTS 11 BIRTHPLACE OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL. (State or country 0 12 MAIDEN NAME ATH in plain Instructions OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) In the EATH of death yrs. mos. ds. State WRITE Where was disease contracted. See If not at place of death? 0 A Former or OF (Informant)-Item usual residence. Important. Every It BURIAL 15 20 UNDERTAKER ARDRESS REGISTRAR ż If more blanks are needed, address State Registrar, 6 E. Franklin St., Balko., Requesting V. S. No. 1/2

STATE OF MARYLAND CERTIFICATE OF DEATH



[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not material worked on may form part of the second the nature of the business or industry, and therefore an cated thus: Scrvant, Cook, Housemaid, etc. If the occupation has duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. been changed or given up on account of the disease of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal essary to know (a) the kind of work and also (b) For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulfirst line will be sufficient, e. g., Farmer or Planter, Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, ctc., Carcin-

etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," valvular heart disease; Chronic interstitial nephritis, nant ncoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) "Contributory." injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichac-"Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mercly symptomatic), "Atrophy," incre symptoms or terminal conditions, such as "Asample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. oma, Sarcoma, etc., of..... cause of death approved by Committee on Nomenclaby carbolic acid-probably suicidc. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably dent; Revolver wound of head-homicide; Poisoned Bronchopncumonia (secondary), 10 ds. The contributory Always qualify all diseases resulting from tetanus) may be stated under the head (Recommendations on statement of (secondary or intercurrent) (name origin; "Can-Never report Ex-



	Nould Nould	V
ECORD	HYSICIANS SI	v
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important. See instructions on back of certificate.	3 si 1 1 e
AK-THIS IS A	AGE should be s properly classified.	7 A
UNFADING IN	carefully supplied. that it may be certificate.	B O (a pa
LAINLY, WITH	Every item of information should be carefully sur CAUSE OF DEATH in plain terms, so that it ma important. See instructions on back of certificate.	PARENTS
WRITE P	Item of Infor OF DEATH ant. See Instr	14
	B.—Every CAUSE Imports	15 F

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VIIIage or City The Stall Brown Suff.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 6 St; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIEO, WIDOWEO, ORDIVORCED (Write the word)	16 DATE OF DEATH /0 3 (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
7 AGE (Month) (Day) (Year) 7 AGE (Month) (Day) (Year) 7 AGE (Sometiment of the property of t	that I last saw h alive on
BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	Secondary) (Buration) (Buration) (Buration) (Buration) (Buration) (Buration) (Buration) (Buration)
10 NAME OF RUSSER Miller 11 BIRTHPLACE OF FATHER (State or country) Lew Germany 12 MAIDEN NAME OF MOTHER OF THE THE PROPERTY OF THE PROPERTY	(Signed)
OF MOTHER Cora A ooved 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	1B LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs. mos. ds. State yrs. mos. ds. Where was disease contracted, If not at place of death? Former or usual residence.
(Address) Must Mermany 15 Filed	19 PLACE OF BURGAL OR REMOVAL DATE OF BURGAL 19 PLACE OF BURGAL OR REMOVAL DATE OF BURGAL 1914 20 UNDERTAKER DILLETTON GADDRESS B. Franklin St., Baito., Requesting V. & No. 1.



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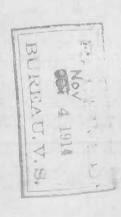
REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

it should be used only when needed. As examples cated thus: Farmer (retired 6 yrs.). (a) Spinner, (b) Cotton mill; (a) Salesman, who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age tion is very important, so that the relative wealthful-Housewifc, Housework, or At Home, and children, not Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman." If the occupation bas For persons (6)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomenclasuch, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage. as "Purremeal scptichae etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock." 'Tracmia," "Weakness," scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-accithenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ample: Mcasles (disease causing ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Hart failure," "Haemorrbage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Con-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," ... (name origin; "Can death), 29 ds. State cause for Examples:



	PLACE OF DEATH 10058	STATE OF MARYI	AND
-	Jarrett 100	CERTIFICATE OF	DEATH
Co	unty Swall	Registered N	to. 166
VII	PULL NAME Eliott	Mareland Ward)	[If death occorred le a hospital or institution give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DE	ATH
SET	Male Athite Single, Single Wilsoner (Write the word)	(Month) 17 O I HEREBY CERTIFY, That latter	(Day) (Year)
8 DA	TE OF BIRTH May 26, 1894 (Month) (Day) (Year)	that I last saw harman alive on Oct	LG, 1914,
7 AGI		and that death occurred on the date stated above The CAUSE OF BEATH * was as follows:	
(a) T partion (b) G busine	cupation rade, profession, or cular kind of work deneral nature of industry, ess, or establishment in employed (or employer)	p fului of sile (Doration) yrs.	mos. ds.
	THPLACE te or country) Garrett Co. Mil.	Gontributory(Secondary)	mos da
ENTS	11 BIRTHPLACE OF FATHER (State of Country) Straut Co. M. Va.	(Signed)	and Was
1	3 BIRTHPLACE OF MOTHER (State or country) Garritt lea Md.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTIT OR RECENT RESIDENTS) At place 10 the of death	
	formant)	Where was disease contracted, If not at place of death? Former or usual residence	
15 Filed.	Water 1814 Notaria. Wy 19	Morelands home place Oc	E OF BURIAL
	REGISTRAR III more blanks are needed, address State Begistran	A) i Z, Bolcker (h. c., 6 E. Franklin St., Balto., Requesting V. S. No. 1,	Klaud 119

[Approved by U. S. Census and American Public Health Association.]

Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; applies to each and every person, irrespective of age. who have no occupation whatever, write None cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illheen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation bas of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question Housewife, Housework, or At Home, and children, not first line will be sufficient, e. g., tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer or Planter, "Foreman,"

Statement of cause of death—Name, first, the disease causing death—In any affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cere-irospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid reumonia"); Lobar pneumonia; Bronchopneumonia ("Tneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

scpsis, tctanus) may be stated under the head such, if impossible to determine definitely. mia," "PUERPEBAL peritonitis," etc. childbirth or miscarriage. as "Puenemal scptichae cause. etc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion, ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vic-"Heart failure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convuisions," "Debility" ("Conthonia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ample: Measles (disease causing death), 29 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms) : Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mally oma. Sarcoma. etc., of Bronchopneumonia (secondary), 10 ds. Never report The contributory "Old Age," "Shock." "Uraemia," "Weakness," Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can State cause for Examples: 01

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

NOV 5 1914 BURGARIANS.

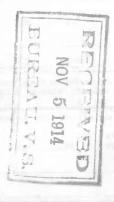
PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH County... Registered No. It death occorred inWard) a hospital er Institutico. RECORD give its NAME lostead of street and comber. ? MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS PERMANENT 16 DATE OF DEATH SEX 5 SINGLE, 4 COLOR OR RACE MARRIED. WIDOWED (Month) RDIVORCED (Write the word) CERTIFY, That lattended deceased from 6 DATE OF BIRTH (Month (Year) 7 AGE It LESS than and that death occurred on the date stated above, st. LQ 1 day hrs. The CAUSE OF DEATH * was as follows: OR 7 8 OCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of industry. business, or establishment in which employed (or employer) ----BIRTHPLACE Contributory..... (State or country) (Secondary) that 10 NAME OF FATHER 00 11 BIRTHPLACE 191.4. (Address) ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-0 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER Instructions plai Information 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE 5 At place OF MOTHER (State or country) io the of death yrs. mos. DEATH State yrs. ____ mos. ds. Where was disease contracted. KNOWLEDGE. Sea If not at place of death?.. 0 Former or OF usual residence Every item CAUSE OF Important. REMOVAL (Address)..... DATE OF BURIAL ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons duties of the household only (not paid Housekeepers statement. naterial worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISTABL Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Forcman," (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cere-trospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid neumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuderculosis of tungs, meninges, peritonacum, etc.. Carcin-

scpsis, tetanus) may be stated under the head of mia," "Puerperal peritonitis," etc. childbirth or miscarriage, as "Purpersal septichae cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viocause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Dropsy," "Exhaustion, "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of The contributory (Recommendations on statement of (secondary or intercurrent) (name origin; "Can-State cause for Examples:



BINDING ō C MARGIN

zó.

Very CERTIFICATE OF DEATH SICIANS shoul Registration Dist. No. PHYSICIANSWard) RECORD PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH PERMANENT EXACTLY. 16 DATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIED, DEL WIDOWED. (Month) ORDIVERCED (Write the word) HEREBY CERTIFY, That I attended deseased from 6 DATE OF BIRTH classified. (Month) (Day) (Year) 7 AGE If LESS than and that death occurred on the date stated above, at. 1 day,hrs. The CAUSE OF DEATH * was as follows: OR min. ? properly AGE BOCCUPATION (a) Trade, profession, or particular kind of work pe (b) General nature of industry. business, or establishment in (Duration) may which employed (or employer) Contributory 9 BIRTHPLACE (State or country) (Secondary) = 10 NAME OF FATHER 80 0 back 11 BIRTHPLACE (Address) ARENT OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT (State or country) CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER instructions plai 0 LENGTH OF RESIDENCE FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE 4 At place in the OF MOTHER (State or country of death yrs. mos. ds. State yrs. __ I of info Where was disease contracted. if not at place of death? Former or item OF usual residence CAUSE OF Important. DATE OF BURIAL (Address) 20 UNDERTAKE 0 ż

If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

lif death occurred in

(Year)

a hospital or institution.

give Its NAME Instead of street and number. 7

(Day)

ACE OF DEATH TOOK

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nection is very important, so that the relative healthfulcated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. who have no occupation whatever, write None been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid deumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, pertionaeum, etc.. Carcin-

ACCIDENTAL SUICIDAL, OF HOMICIDAL, OF AS probably such, if impossible to determine definitely. Examples: cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage. as "Tuerperal scottchaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," 'Traemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing affection need not be stated unless important. valvular heart discase; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic ver" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of . ture of the American Medical Association.) sepsis, tetanus) The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of may be stated under the head (name origin; "Candeath), 29 da .:



PLACE OF DEATH	STATE OF MARYLAND
County Gerrog	CERTIFICATE OF DEATH
0 20	Registered No. 166
Village or City Careers (No. 100)	St; Ward) [If death occurred for a hospital or institution give its MAME lostead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Mole That (Write the word)	(Menth) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRDO 2014 (Month) (Day) (Year)	that I last saw ht alive on
7 A G E If LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work. (b) Genoral nature of Indostry,	TIS (New)
business, or establishment in which employed (or employer)	(Boratiee) yrsmesds.
9 BIRTHPLACE (State or country) (Massina)	Gentributory (Secondary)
10 NAME OF POSSIBLE FATHER	(Signed) (Si
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 4	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
12 MAIDEN NAME OF MOTHER	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECEIVED.)
13 BIRTHPLACE OF MOTHER (State or country)	At place in the of death yrs mos ds. State yrs mos ds
(informant)	Where was disease contracted, If not at place of death? Former or osual residence.
(Address) Corporation (Address)	Dahland Md Det 13 1814
Filed Oct 137, 1914 / Parlang & Dres REGISTRAR	20 UNDERTAKER Bolden Pakland
ff more blanks are needed, address State Registra	er, 6 E. Franklin St., Balto., Requesting V S No. 1

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations of persons engaged in domestic service for wages, as duties of the household only (not paid Housekeepers material worked on may form part of the second statement. Never return "Laborer," "Foreman," additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the (b) Cotton mill; (a) Salcsman, (b) As examples:

Statement of cause of death—Name, first, the disease causing death—Is affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Tneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

sepsis, tetanus) may be stated under the head of dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildlifth or miscarriage, as "Purreral scottchae valvular heart disease; Chronic interstitial nephritis cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train—acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "Puerperal peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Dropsy," "Exhaustion, "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Candeath), 29 ds., Never repor Examples:



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state GAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. A PERMANENT RECORD BINDING WRITE PLAINLY, WITH UNFADING INK-THIS IS MARGIN RESERVED FOR

County Larret 10062	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No.
Village or City Dodgon (No	St; Ward) [It death occorred in a hospital or institution, give its NAME instead of circuit and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX Male 4 COLOR OR RACE MARRIEO, MIOOWEO, WIOOWEO, WIOOWEO, WIOVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17
6 DATE OF BIRTH (Month) (Day) (Year)	that I last saw h mu alive on Oct 5 1914
TAGE yrs. 6 mos. 17 ds. or. min.? Cocupation (a) Trade, profession, or particular kind of work. (b) General nature of Indostry,	snd that death occurred on the date stated above, at 10.40 Åm. The CAUSE OF BEATH* was as follows:
business, or establishment in which employed (or employer) BIRTHPLACE (State or country) Jodson, Und	Contributory (Secondary)
10 NAME OF FATHER John Yorkavilch 11 BIRTHPLACE OF FATHER (State or country) Pressia 12 MAIDEN NAME OF MOTHER Kate Privalavitch	(Signed) Sudson Waller, M. D. OCH 191 4 (Address) Mathematica, M. D. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accident
OF MOTHER Rate Sicolavitch 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENCE) At place in the of death
(Address) Six mille Tud 16 Filed Olt 3 th, 1814 a, 43, DBR IRECISTRAR	Former or usual residence. 19 PLAGE F BUBIAL OR REMOVAL OPT Gth., 1814. 20 UNDERTAKER DATE OF BURIAL OPT Gth., 1814.
It more blanks are needed, address State Begistrar, 6 E. Franklin St., Balte., Requesting V. S. No. 1.	

CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, should be taken to report specifically the occupations duties of the bousehold only (not paid Housekeepers minc, etc. Women at home, who are engaged in the fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Scrvant, Cook, Housemaid, etc. If the occupation bas gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as For many occupations a single word or term on the tion is very important, so that the relative healtbful-Statement of occupation-Spinner, (b) Cotton mill; (a) Salesman, Never return "Laborer," -Precise statement of occupa-As examples: "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrcbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis

such, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viocause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," ture of the American Medical Association.) cause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-accimia," "TUERPERAL peritonitis," etc. childbirth or miscarriage, as "Puerperal septichacetc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion, thenia," "Anaemia" (merely symptomatic), "Atrophy, ample: Meastes (disease causing death), 29 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mails. oma. Sarcoma. etc., of "Contributory." by carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably "Heart failure," "Haemorrhage," "Inanition," "Maras mere symptoms or terminal conditions, such as "As "Collapse." "Coma," "Convulsions," "Debility" ("Con-Bronchopncumonia (secondary), 10 ds. Never repor The contributory (Recommendations on statement of (secondary or intercurrent) (name origin; "Can State cause for Examples:

